

## Commercial Claim Payment Bulletin - Pharmacy Benefit

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**Title:** Medical injectable medications covered under the pharmacy benefit

**Policy #:** Rx.04.6

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***Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, quantity, or formulary restrictions (ie limits on non-preferred drugs). Individual member benefits must be verified.***

***This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.***

***Members are advised to use participating pharmacies in order to receive the highest level of benefits.***

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**Intent:**

The intent of this policy is to describe circumstances when injectable medications typically covered under the medical benefit may be covered under the member's prescription drug benefit.

**Description:**

Injectable drugs indicated for administration by a healthcare professional are covered under the medical benefit. There are times when an exception is requested to cover such drugs under the member's prescription drug benefit where they are otherwise excluded.

**Policy:**

**Coverage is subject to the terms, conditions, and limitations of the member's contract.**

The following medications are covered under the medical benefit:

1. Cyanocobalamin (vitamin B12) injection
2. Heparin injection
3. Hydrocortisone injection
4. Methotrexate injection (vial)
5. Testosterone injection
6. Estrogen vials
7. Non-insulin syringes/needles

A benefit exception will be made to cover cyanocobalamin injection, heparin injection, hydrocortisone injection, methotrexate vials under the prescription drug benefit when ALL of the following are met:

1. The requested drug is being used for a Food and Drug Administration approved indication or compendium supported indication as outlined in the Off-label Use policy; and
2. The prescriber assumes responsibility for teaching the member proper preparation, administration and disposal; and
3. The prescriber provides a statement indicating the reason prescription drug benefit products are not an option, and
4. ONE of the following:
  - a. Provider does not stock the requested medication; or
  - b. Access at the provider's office is not feasible due to frequency of administration

A benefit exception will be made to cover testosterone vials and estrogen vials under the prescription drug benefit when ALL of the following are met:

1. One of the following is met:

- a. The requested drug is being used for a Food and Drug Administration approved indication or compendium supported indication as outlined in the Off-Label Use policy; or
- b. The requested drug is being used as hormone therapy in children, adolescents, and adults with persistent, well-documented gender dysphoria diagnosed in accordance with the criteria established in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition [DSM-5] as outlined in medical policy Treatment of Gender Dysphoria (11.09.02h); and
- 2. The prescriber assumes responsibility for teaching the member proper preparation, administration and disposal; and
- 3. The prescriber provides a statement indicating the reason prescription drug benefit products are not an option; and
- 4. ONE of the following:
  - a. Provider does not stock the requested medication; or
  - b. Access at the provider's office is not feasible due to frequency of administration

A benefit exception will be made to cover non-insulin syringes/needles under the prescription drug benefit when required to administer an injectable medication and not supplied with the product.

Coverage is subject to the terms of the member's prescription drug benefit, including but not limited to cost-share.

Authorization duration: 2 years

**References:**

N/A

**Cross References:**

Off Label Use Rx 01.33

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<b>Policy Version Number:</b>	9.00
<b>Policy Effective Date:</b>	October 01, 2021
<b>Next Required Review Date:</b>	June 10, 2022

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The Policy Bulletins on this web site were developed to assist the Company in administering the provisions of the respective benefit programs, and do not constitute a contract. If you have coverage through the Company, please refer to your specific benefit program for the terms, conditions, limitations and exclusions of your coverage. Company does not provide health care services, medical advice or treatment, or guarantee the outcome or results of any medical services/treatments. The facility and professional providers are responsible for providing medical advice and treatment. Facility and professional providers are independent contractors and are not employees or agents of the Company. If you have a specific medical condition, please consult with your doctor. The Company reserves the right at any time to change or update its Policy Bulletins.

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